

Exhibit B

Authority: 1949 PA 300, Sec. 257.622
 Compliance: Required MSP UD-10
 Penalty: \$100 and/or 90 days (Rev 1/04)

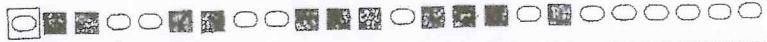
Do Not Use

Page 1 Of 2

Incident # 31883

File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-5815800	Department Name: Monroe Co. Sheriff	Incident Disposition: Open	Reviewer: SA
Crash Date: 10/22/2010		Crash Time: 19:20:03	No. of Units: 03
Month Day Year		MM DD YY	HH MM SS
County: S8		Crash Type:	
<input checked="" type="checkbox"/> None of These <input type="checkbox"/> Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign		<input type="checkbox"/> Single Motor Vehicle <input checked="" type="checkbox"/> Head On <input type="checkbox"/> Head On-Left Turn <input type="checkbox"/> Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Rear End-Left Turn <input type="checkbox"/> Rear End-Right Turn <input type="checkbox"/> Sideswipe-Same <input type="checkbox"/> Sideswipe-Opposite <input type="checkbox"/> Other/Unknown	
Traffic Control:		Special Circumstances:	
<input checked="" type="checkbox"/> None of These <input type="checkbox"/> On Road <input type="checkbox"/> Median <input type="checkbox"/> Gore <input type="checkbox"/> Other/Unknown		<input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Fleeing Police <input type="checkbox"/> Local <input type="checkbox"/> State	
Construction Zone (If applicable):		Special Checks:	
<input type="checkbox"/> Const./Maint. <input type="checkbox"/> Utility		<input type="checkbox"/> Fatal (Report All) <input type="checkbox"/> Corrected Copy <input type="checkbox"/> Replace (Entire Report) <input type="checkbox"/> Delete (Entire Report) <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile	
Type:		Lane Closed:	Activity:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> On Road <input type="checkbox"/> Off Road	<input checked="" type="checkbox"/> None
Road Condition:		Speed Limit:	
<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy		<input type="checkbox"/> Snowy <input type="checkbox"/> Muddy <input type="checkbox"/> Slushy <input type="checkbox"/> Debris <input type="checkbox"/> Other/ <input type="checkbox"/> Unknown	
Divided Roadway (N S E W):		Posted:	
<input type="checkbox"/> N MONROE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Road Type: ST		Suffix:	
Distance: 130		ET: North East Beginning of Ramp	
<input type="checkbox"/> MI <input type="checkbox"/> South		<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> End of Ramp	
Trafficway: (1) (2) (3) (4)		Access Control: (1) (2) (3)	
Prefix: STUMPMIEER		Divided Roadway (N S E W):	
Intersecting Road:		Road Type: RD	
Unit Number: 1		Suffix:	
State: MI		Driver License Number: H530454367909	
Date of Birth: MM 28 Y 98		License Type: O CY C F M R	
Unit Type: MV		Sex: M F	
Name: Justin James Hammert		Total Occup: 01	
Street Address: 25942 Winding Creek Dr.		Hazard Action: 00	
City: New Boston		Hospital: None	
State: MI		Ambulance: None	
Zip: 48169		Phone Number: (310) 266-8743	
Driver Condition: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)		Interlock: Yes No Refused Not offered	
Alcohol: Yes No		Test Type: Field PBT Breath Blood Urine Test Results	
Drugs: Yes No		Test Type: Blood Urine Test Results	
Vehicle Registration: CE B6463		State: MI Insurance: Progressive 66383849-0	
VIN: 2B3KA43R074708280		Vehicle Description: Make: Dodge Model: Charger Color: Year: 2007	
Towed To/By: Jerry's/Jerry's		Vehicle Type: PA CY OR VA MO Other PU GC Truck/Bus ST SM (Complete Truck/Bus Section)	
Location of Greatest Damage: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)		Vehicle Direction: North South East West	
First Impact: 06 Extent of Damage: 5 Driveable: Yes No		Special Vehicles: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	
Vehicle Defect: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		Vehicle Use: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	
First Name:		Date of Birth: MM DD YY	Sex: M F Position: Restraint: Hospital: Ambulance:
Middle:		Street Address:	Ejected: Yes Trapped: Yes
Last:		City:	
Injury: K A B C O Airbag Deployed: Yes No Not Equipped		State: Zip: Phone Number:	
First Name:		Date of Birth: MM DD YY	Sex: M F Position: Restraint: Hospital: Ambulance:
Middle:		Street Address:	Ejected: Yes Trapped: Yes
Last:		City:	
Injury: K A B C O Airbag Deployed: Yes No Not Equipped		State: Zip: Phone Number:	
Owner: Name		Address:	
Uninjured Passenger: Name			
Witness: Name			
Owner: Name		Address:	
Uninjured Passenger: Name			
Witness: Name			
Person Advised: Date		Damaged Property:	
of Damaged Traffic Control: Time		Owner & Phone:	
Name:			
UD-10 SERIAL NUMBER: 0192102		Serial Override Number: (5 boxes)	
Do Not Write or Mark In This Area			
 Do Not Write or Mark Below This Line			

Authority: 1949 PA 300, Sec. 257.622
 Compliance: Required MSP UD-10
 Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page 3 Of 1Incident # 31883File Class 9300-1-Incident Disposition Open ClosedReviewer BL

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-58158001Department Name Monroe Co. Sheriff

Do Not Write or Mark On This Side of The Line

Crash Date Month Day Year	Crash Time Military	No. of Units
<u>10 26 2010</u>	<u>19 00 03</u>	

Crash Type

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Single Motor Vehicle | <input type="checkbox"/> None | <input type="checkbox"/> Deer | |
| <input type="checkbox"/> Head On | <input type="checkbox"/> School Bus | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Fleeing Police |
| <input type="checkbox"/> Head On-Left Turn | <input type="checkbox"/> Local | <input type="checkbox"/> State | <input type="checkbox"/> Other |
| <input type="checkbox"/> Angle | <input type="checkbox"/> Weather | <input type="checkbox"/> Clear | <input type="checkbox"/> Severe Wind |
| <input type="checkbox"/> Rear End | <input type="checkbox"/> (Mark Only One) Cloudy | <input type="checkbox"/> Snow/Blowing Snow | <input type="checkbox"/> Fog/Smoke |
| <input type="checkbox"/> Rear End-Left Turn | <input type="checkbox"/> Rain | <input type="checkbox"/> Sleet/Hail | <input type="checkbox"/> Other/Unknown |
| <input type="checkbox"/> Rear End-Right Turn | <input type="checkbox"/> Light | <input type="checkbox"/> Dark-Lighted | <input type="checkbox"/> Area |
| <input type="checkbox"/> Sideswipe-Same | <input type="checkbox"/> (Mark Only One) Dawn | <input type="checkbox"/> Dark-Unlighted | <input type="checkbox"/> Total Lanes |
| <input type="checkbox"/> Sideswipe-Opposite | <input type="checkbox"/> Dusk | <input type="checkbox"/> Other/Unknown | |
| <input type="checkbox"/> Other/Unknown | | | |

Special Checks

-
- Fatal (Report All)
-
-
- Corrected Copy
-
-
- Replace (Entire Report)
-
-
- Delete (Entire Report)
-
-
- Non-Traffic Area
-
-
- ORV/Snowmobile

County <u>58</u>	Traffic Control <input type="checkbox"/> None of These	Relation to Roadway (Location of First Impact)
	<input type="checkbox"/> Signal	<input type="checkbox"/> Shoulder
	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Outside of Shoulder/Curb
	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Angle
		<input type="checkbox"/> On Road
		<input type="checkbox"/> Rear End
		<input type="checkbox"/> Rear End-Left Turn
		<input type="checkbox"/> Rear End-Right Turn
		<input type="checkbox"/> Sideswipe-Same
		<input type="checkbox"/> Sideswipe-Opposite
		<input type="checkbox"/> Other/Unknown

Construction Zone (if applicable) (Mark One From Each Group)

Type <input type="checkbox"/> Const./Maint.	Lane Closed <input type="checkbox"/> Yes	Activity <input type="checkbox"/> On Road
<input type="checkbox"/> Utility	<input type="checkbox"/> No	<input type="checkbox"/> Off Road
		<input type="checkbox"/> None

Prefix <u>N</u>	Road Name <u>MONROE</u>	Divided Roadway <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Road Type <u>ST</u>	Suffix
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Distance <u>130</u>	FT <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Beginning of Ramp	Mile <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> End of Ramp	Trafficway <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)	Access Control <input type="checkbox"/> (2) <input type="checkbox"/> (3)
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Prefix <u>STUMPNIER</u>	Intersecting Road	Divided Roadway <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Road Type <u>RD</u>	Suffix
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Unit Number <u>2</u>	State <input type="checkbox"/>	Driver License Number <input type="checkbox"/>	Date of Birth <u>MM DD YYYY</u>	License Type <input type="checkbox"/> O <input type="checkbox"/> CY	Sex <input type="checkbox"/> M	Total Occupant <input type="checkbox"/>	Hazard Action
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Unit Type <input type="checkbox"/> MV	Name <input type="checkbox"/>	<input type="checkbox"/> C	<input type="checkbox"/> F
<input type="checkbox"/> B	<input type="checkbox"/> Street Address	<input type="checkbox"/> M	<input type="checkbox"/> R
<input type="checkbox"/> P	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip	<input type="checkbox"/> K	<input type="checkbox"/> Position <input type="checkbox"/> Restraint

E (train) <input type="checkbox"/>	City <input type="checkbox"/>	State <input type="checkbox"/>	Zip <input type="checkbox"/>	Phone Number <input type="checkbox"/>	Injury <input type="checkbox"/> Ejected <input type="checkbox"/> Yes	<input type="checkbox"/> Ambulance
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Driver Condition <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/> (8) <input type="checkbox"/> (9) <input type="checkbox"/> (99)	Interlock <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Not offered (Submit Results To FARS When Available)	<input type="checkbox"/> A <input type="checkbox"/> Trapped <input type="checkbox"/> Yes	<input type="checkbox"/> B <input type="checkbox"/> Airbag Deployed <input type="checkbox"/> Yes <input type="checkbox"/> Not Equipped
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Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Test Results	<input type="checkbox"/> C <input type="checkbox"/> Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
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Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Test Results	<input type="checkbox"/> D <input type="checkbox"/> Towed To/By
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Vehicle Registration <input type="checkbox"/>	State <input type="checkbox"/>	Insurance <input type="checkbox"/>	Vehicle Description <input type="checkbox"/>	Make <input type="checkbox"/>	Model <input type="checkbox"/>	Color <input type="checkbox"/>	Year <input type="checkbox"/>
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VIN <input type="checkbox"/>	<input type="checkbox"/> Location of Greatest Damage <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/> (8) <input type="checkbox"/> (9) <input type="checkbox"/> (10) <input type="checkbox"/> (11) <input type="checkbox"/> (12)	Vehicle Type <input type="checkbox"/> PA <input type="checkbox"/> CY <input type="checkbox"/> OR	Vehicle Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Special Vehicles <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7) <input type="checkbox"/> Vehicle Defect	Private Trailer Type <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/> (5) <input type="checkbox"/> (6) <input type="checkbox"/> (7)
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First Impact <input type="checkbox"/> Extent of Damage <input type="checkbox"/> Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> SM (Complete Truck/Bus Section)	<input type="checkbox"/> K <input type="checkbox"/> Position <input type="checkbox"/> Restraint	<input type="checkbox"/> Hospital
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<input type="checkbox"/> A <input type="checkbox"/> Ejected <input type="checkbox"/> Yes <input type="checkbox"/> Trapped <input type="checkbox"/> Yes	<input type="checkbox"/> B <input type="checkbox"/> Airbag Deployed <input type="checkbox"/> No <input type="checkbox"/> Not Equipped	<input type="checkbox"/> C <input type="checkbox"/> Ambulance
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<input type="checkbox"/> D <input type="checkbox"/> Date of Birth <u>02 28 1993</u> <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Position <input type="checkbox"/> Restraint <input type="checkbox"/> Hospital	<input type="checkbox"/> E <input type="checkbox"/> Street Address <u>4848 S. Huron River Dr.</u>
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<input type="checkbox"/> F <input type="checkbox"/> City <u>Flat Rock</u>	<input type="checkbox"/> G <input type="checkbox"/> State <u>MI</u> <input type="checkbox"/> Zip <u>48134</u> <input type="checkbox"/> Phone Number <u>734-735-1547</u>
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<input type="checkbox"/> H <input type="checkbox"/> Date of Birth <u>MM DD YYYY</u> <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Position <input type="checkbox"/> Restraint <input type="checkbox"/> Hospital	<input type="checkbox"/> I <input type="checkbox"/> Street Address
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<input type="checkbox"/> J <input type="checkbox"/> City	<input type="checkbox"/> K <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> Phone Number
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<input type="checkbox"/> L <input type="checkbox"/> Ejected <input type="checkbox"/> Yes <input type="checkbox"/> Trapped <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> Ambulance
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<input type="checkbox"/> N <input type="checkbox"/> Owner <input type="checkbox"/> Uninjured Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Name <input type="checkbox"/> Address	<input type="checkbox"/> O <input type="checkbox"/> Uninjured Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Name <input type="checkbox"/> Address
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<input type="checkbox"/> P <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> Q <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> R <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> S <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> T <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> U <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> V <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> W <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> X <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> Y <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> Z <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> AA <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> BB <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> CC <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> DD <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> EE <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> FF <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> GG <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> HH <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> II <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> JJ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> KK <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> LL <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> MM <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> NN <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> OO <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> PP <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> QQ <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> RR <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> SS <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> TT <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> UU <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> VV <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> WW <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> XX <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> YY <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> ZZ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> AA <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> BB <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> CC <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> DD <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> EE <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> FF <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> GG <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> HH <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> II <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> JJ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> KK <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> LL <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> MM <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> NN <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> OO <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> PP <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> QQ <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> RR <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> SS <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> TT <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> UU <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> VV <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> WW <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> XX <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> YY <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> ZZ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> AA <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> BB <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> CC <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> DD <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> EE <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> FF <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> GG <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> HH <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> II <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> JJ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> KK <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> LL <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> MM <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> NN <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> OO <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> PP <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> QQ <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> RR <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> SS <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> TT <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> UU <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> VV <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> WW <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> XX <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> YY <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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<input type="checkbox"/> ZZ <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> AA <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N
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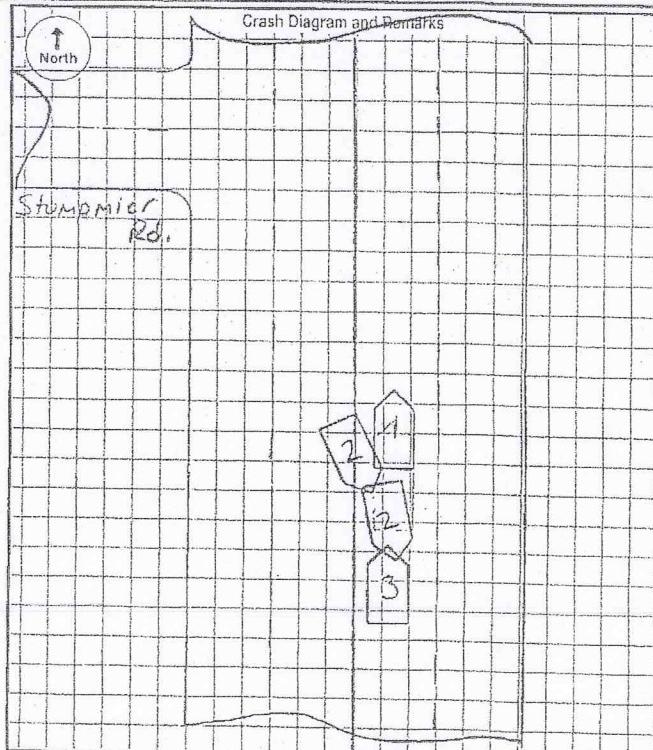
<input type="checkbox"/> BB <input type="checkbox"/> Person Advised of Damaged Traffic Control <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Name <input type="checkbox"/> Damaged Property	<input type="checkbox"/> CC <input type="checkbox"/> Owner & Phone <input type="checkbox"/> Public <input type="checkbox"/> Y <input type="checkbox"/> N</td
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Unit Number 2	State MI	Driver License Number T130067792247	Date of Birth 03281985	License Type <input checked="" type="radio"/> CY <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 04	Hazard Action 06						
NCS				Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	Position 01	Restraint 04	Hospital Toledo						
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Name Andrew Thomas Thibodeau	Street Address 4848 S. Huron River Dr.	City Flat Rock	State MI	Zip 48134	Phone Number (734) 735-1547	Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused <input type="radio"/>	Not offered <input type="radio"/>	(Submit Results To FARS When Available)			
Driver Condition <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input checked="" type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)	Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results										
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results											
Vehicle Registration BWZ6105		State MI	Insurance State Farm #29666132-001-22										
VIN 1LNLM91V4SY621869	Vehicle Description Lincoln MARK 8	Make LINCOLN	Model MARK 8	Color Plum	Year 1995								
Location of Greatest Damage <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11) <input type="radio"/> (12)		Vehicle Type <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM	Vehicle Direction <input type="radio"/> OR <input type="radio"/> Other	Special Vehicles <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Private Trailer Type <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7)							
First Impact 01	Extent of Damage 7	Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No			Vehicle Use <input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5) <input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10) <input type="radio"/> (11)								
First Name AMANDA	Middle LYNN	Last WATTS	Date of Birth 03301993	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Position 0304	Restraint 0304	Hospital St. V's.						
Street Address 724 Michigan		City MONROE		State MI		Zip 48161	Phone Number 734-819-2163						
Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped		Ejected <input type="radio"/>	Trapped <input type="radio"/>	Yes <input type="radio"/>							
First Name FELICIA	Middle ANN	Last SCHIEFFLER	Date of Birth 08081998	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Position 0609	Restraint 0609	Hospital Toledo						
Street Address 724 Michigan		City MONROE		State MI		Zip 48161	Phone Number 734-819-2163						
Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Equipped		Ejected <input type="radio"/>	Trapped <input type="radio"/>	Yes <input type="radio"/>							
<input type="checkbox"/> Owner <input type="checkbox"/> Uninjured Passenger	<input type="checkbox"/> Witness <input type="checkbox"/> Uninjured Passenger	Name		Address		Phone Number	Age						
<input type="checkbox"/> Owner <input type="checkbox"/> Witness	Name	Address		Phone Number	Age	Pos.	Rest.						
Unit Reported on Front													
Action Prior	Sequence of Events			Unit Reported Above									
01 17	First	Second	Third	Fourth	Action Prior	Sequence of Events							
Most Harmful	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)	<input type="radio"/> (M)	01	02	17	17					
Unit Number	Carrier Name												
Address													
City		State	Carrier Source										
Zip		GVWR/GCWR	<input type="checkbox"/> Papers <input type="checkbox"/> Vehicle <input type="checkbox"/> Log Book <input type="checkbox"/> Driver										
ICCMC													
USDOT													
MPSC													
Type & Axles Per Unit	First	Second	Third	Fourth	Driver's CDL Type								
					<input type="radio"/> A <input type="radio"/> AA	<input type="radio"/> C <input type="radio"/> AT	<input type="radio"/> H <input type="radio"/> BB	<input type="radio"/> P <input type="radio"/> BX					
					<input type="radio"/> B <input type="radio"/> None	<input type="radio"/> N <input type="radio"/> AX	<input type="radio"/> O <input type="radio"/> BH	<input type="radio"/> OT <input type="radio"/> CH					
					<input type="radio"/> Interstate	CDL Restrictions							
					<input type="radio"/> Intra (MI Only)	<input type="radio"/> 2B	<input type="radio"/> 2B	<input type="radio"/> 30					
					CDL Exempt	<input type="radio"/> Farm	<input type="radio"/> Other						
Vehicle Type													
<input type="radio"/> AS <input type="radio"/> AH <input type="radio"/> AN <input type="radio"/> AP													
<input type="radio"/> AL <input type="radio"/> AX <input type="radio"/> BN													
<input type="radio"/> BS <input type="radio"/> BX <input type="radio"/> CH <input type="radio"/> CP													
<input type="radio"/> CX <input type="radio"/> CS													
Medical Card <input type="radio"/> Y <input type="radio"/> N													
Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill													
Class #													
UD-10 SERIAL NUMBER 0192102													
Investigated at Scene <input checked="" type="radio"/>	Reported Date/Time 10/26/10 1945 hrs.												
Investigator Name(s) & Badge # (Print Only) Dep. Jagotter #79	Photos By												

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Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harms Drive, Lansing, MI 48913

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Unit Number	State	Driver License Number			BACK														
3	MI	J655149067871			Date of Birth			License Type		Sex	Total Occup.	Hazard Action							
NCS										<input type="radio"/> O <input type="radio"/> CY <input type="radio"/> O <input type="radio"/> F <input type="radio"/> O <input type="radio"/> M		<input type="radio"/> M <input checked="" type="radio"/> F	03	00					
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)		Name Dory ANN JERMANO Street Address 12201 SPENCER LANE City CARLETON State MI Zip 48117 Phone Number (734) 755-6763								Injury	Position	Restraint	Hospital St. V's						
Driver Condition <input type="radio"/> Yes <input checked="" type="radio"/> No		Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No Refused <input type="radio"/> Not offered [Submit Results To FAPS When Available]								<input type="radio"/> O <input type="radio"/> A <input type="radio"/> O <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	<input type="radio"/> 01 <input type="radio"/> 04	<input type="radio"/> Yes <input checked="" type="radio"/> Yes	Ambulance MCA						
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results								Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No			Not Equipped						
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results								Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/> O									
Vehicle Registration		State MI		Insurance AAA# 9-2037243-08-001		Vehicle Description Towed To/By Jerry's/Jerry's		Make LINCOLN Model MKX Color Silver Year 2010		Special Vehicles			Private Trailer Type						
VIN ZLMDJ6JC9ABJ29090										<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MD <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6						
Location of Greatest Damage <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		First Impact Extent of Damage <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		Driveable <input type="radio"/> Yes <input checked="" type="radio"/> No						Vehicle Use <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11			Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6						
First Name DOROTHY						Date of Birth 10/02/1943		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Position 0304		Hospital Oakwood							
Middle JANE						Street Address 11952 Sweitzer						Ambulance MCA							
Last BERGE						City CARLETON						Ejected <input type="radio"/> Yes <input checked="" type="radio"/> Trapped							
Injury <input type="radio"/> K <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped				State MI Zip 48117 Phone Number 734-654-8422													
First Name						Date of Birth 10/29/2008		Sex <input type="radio"/> M <input checked="" type="radio"/> F		Position 0606		Hospital St. V's							
Middle						Street Address 12201 Spenser LN.						Ambulance MCA							
Last						City CARLETON						Ejected <input type="radio"/> Yes <input checked="" type="radio"/> Trapped							
Injury <input type="radio"/> K <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Equipped				State MI Zip 48117 Phone Number 734-755-6763													
Owner <input type="radio"/> Witness Name				Address				Phone Number		Age		Pos.		Rest.					
Uninjured Passenger										Phone Number		Age		Pos.	Rest.				
Owner <input type="radio"/> Witness Name				Address						Phone Number		Age		Pos.	Rest.				
Uninjured Passenger																			
Unit Reported on Front										Unit Reported Above									
Action Prior		Sequence of Events								Action Prior		Sequence of Events							
First		Second	Third	Fourth	First		Second	Third	Fourth	First		Second	Third	Fourth					
Most Harmful		(M)	(M)	(M)	(M)		(M)	(M)	(M)	Most Harmful		(M)	(M)	(M)					
Unit Number		Carrier Name																	
Address																			
City				State				Carrier Source											
Zip				GWR/GCWR				<input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver											
ICCMC				Driver's CDL Type				<input type="radio"/> O A <input type="radio"/> O C <input type="radio"/> O B <input type="radio"/> None	O H <input type="radio"/> O P <input type="radio"/> O T <input type="radio"/> O N <input type="radio"/> O S <input type="radio"/> O X										
USDOT				Interstate		CDL Restrictions		<input type="radio"/> Interstate <input type="radio"/> Intra (MI Only)	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30										
MPSC				CDL Exempt		Farm		<input type="radio"/> Farm <input type="radio"/> Other											
Type & Axles Per Unit		First	Second	Third	Fourth	Vehicle Type		<input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> OB <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS											
Cargo Body Type		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Medical Card <input type="radio"/> Y <input type="radio"/> N									
ID #		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill																	
Class #																			
UD-10 SERIAL NUMBER 0192103																			
Investigated at Scene <input type="radio"/> (N) <input checked="" type="radio"/> (P) Print Only		Reported Date/Time 10/24/10 1945 hrs																	
Investigator Name(s) Dep. Jagotka #79																			
Photos By																			

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↑
North

Crash Diagram and Remarks

UNIT #1+3 WERE IN 1/3
ON N. Monroe St. UNIT #2
WAS S/B ON Monroe St. UNIT #2
CROSSED THE CENTER LINE AND
STRUCK THE REAR DRIVER SIDE
FIRE OF UNIT #1. UNIT #3 CONTINUED
ACROSS THE CENTER LINE AND
STRUCK UNIT #3 HEAD ON. ALL
OCCUPANTS OF UNIT #2 + 3 WERE
TRANSPORTED TO THE HOSPITAL
FOR TREATMENT.

Monroe County Sheriff's Office

100 E. Second St, Monroe, MI 48161
 (734) 240-7400

Incident Number

31883-10

Page 1 of 2

*******SUPPLEMENT REPORT*********Serious Injury Traffic Crash Investigation**

Date: 10/27/10
 Time: 7:46 PM
 Venue: N Monroe St near Stumpmier Rd-Frenchtown Twp.

INFORMATION:

On 10/26/10 at approximately 7:46 PM R/O (Reporting Officer) was requested by Sgt. Kemp regarding assistance at the scene of a traffic crash on N. Monroe St. near Stumpmier Rd. R/O responded from Maxwell Rd in Carleton, Mi. and arrived on scene at approximately 7:55 PM.

SCENE:

R/O arrived on scene from S/B N Monroe St and observed the crash site to be primarily within the right lane of N. Monroe St, just south of Stumpmier Rd. Upon arrival Deputy Jagkota and Deputy Modica were gathering information. Medical personnel were already on scene and all but one victims had been removed and transported to the hospital for treatment.

R/O observed a maroon Lincoln near the driveway of the Frenchtown Fire Department (6940 N Monroe St). The vehicle had extensive front and right side damage. The vehicle was facing east and appeared to have come to an uncontrolled stop on the east shoulder of N. Monroe St.

Just south of this vehicle, in the left lane of N/B N. Monroe St, was a silver Lincoln SUV. This vehicle displayed contact damage to the entire front end and was facing southeast.

To the north of the listed vehicles, R/O observed a light blue in color Dodge vehicle. This vehicle had contact damage to the left side, primarily from the driver's door towards the rear tire area. The vehicle was facing south in the left lane of southbound N. Monroe St. To the south of this vehicle R/O observed tire marks in a criss cross pattern leading from the left lane of N/B N. Monroe St into the left lane of southbound N. Monroe St.

R/O learned that the listed maroon Lincoln was S/B on N. Monroe St and traveled left of the centerline and into the N/B traffic lanes. The maroon Lincoln then struck the left side of the light blue Dodge causing it to spin out of control and into the S/B lanes. After impact with the Dodge, the maroon Lincoln then struck the silver Lincoln SUV head on in the left lane of N/B N. Monroe St.

The roadway surface was dry upon R/O's arrival. The sky was clear.

PHOTOGRAPHS:

R/O used a department issued Cannon digital camera to take photographs of the crash scene and vehicles involved. Photographs attached to this report.

Monroe County Sheriff's Office

100 E. Second St, Monroe, MI 48161
(734) 240-7400

Incident Number

31883-10

Page 2 of 2

OFFICER ACTIONS:

R/O was informed by Monroe Community Ambulance paramedic's that none of the victims had life threatening injuries.

Using orange spray paint, R/O marked the location of each vehicle and the point of impact.

VEHICLE DISPOSITION:

The listed vehicles were removed from the scene and taken to Jerry's Towing Shop, by Jerry's Towing.

DRIVER INTERVIEW/STATEMENTS:

Obtained by Deputy Jagotka.

SUMMARY:

Investigation turned over to Deputy Jagotka